

# Washington Metropolitan Area Transit Commission

## 2012 Carrier Annual Report Form

### NEW THIS YEAR:

- Annual reports can now be filed online at [www.wmatc.gov](http://www.wmatc.gov). Annual fees can also be paid online using a credit or debit card. Your username and password is required to access e-filing.
- Carriers holding U.S. Department of Transportation authority must now indicate their USDOT number. Also, carriers must indicate whether each vehicle in their fleet is equipped with a wheelchair lift or ramp.

### FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2012, must file a complete 2012 annual report and pay a \$150 annual fee on or before **January 31, 2012**. To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (\*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **late fee** pursuant to Regulation No. 67-03. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 1, 2012.
- Filing an annual report containing false information, or omitting information, may result in a civil forfeiture.

### 1. CARRIER:

411	121053	Newton Bus Service, Inc.
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\*WMATC No.    USDOT No. (if applicable)    \*Name of Carrier (as shown on certificate of authority)

6838 Belroi Road		Gloucester	VA	23061-3827
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\*Street Address of Principal Place of Business    Apt./Suite    City    State    Zip

Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
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(804) 693-2521		(804) 693-7542	sales@charteredbus.com
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\*Telephone    Other Telephone    Fax    E-mail

### 2. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Ms. Kara Jones	Accountant
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\*Name    \*Title

(804) 693-2521		(804) 693-7542	sales@charteredbus.com
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\*Telephone    Other Telephone    Fax    E-mail

### 3. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

\*Complete section 3 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

United Motorcoach Association	(800) 424-8262
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Name of Registered Agent for Service of Process    Telephone    E-mail

113 South West St., 4th Floor		Alexandria	VA	22314-2824
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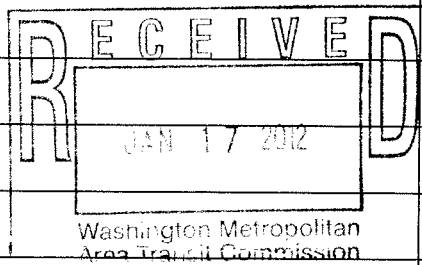
Agent Address (must be inside Metropolitan District)    Apt./Suite    City    State    Zip

4. **\*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

None

5. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** Choose one, and **only one**, of the following three options: (1) list your vehicles below; (2) make any necessary corrections on the enclosed vehicle list, check the box indicating all information is accurate, and return the list with both pages of this form; or (3) attach your own vehicle list to both pages of this form. Include all required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	*Wheelchair Lift or Ramp Yes/No



6. **\*CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

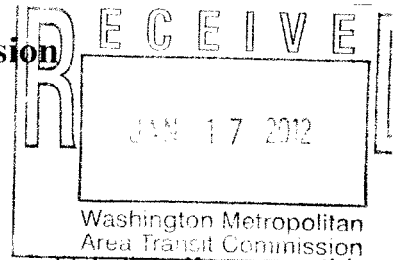
Kara Jones  
\*Name (Type or Print)

Accountant  
\*Title

Kara Jones  
\*Signature

01-09-2012  
\*Date

## 2012 Annual Report: Revenue Vehicle List



Name: Newton Bus Service, Inc.

Trade Name:

This list is provided for your convenience and may be used instead of creating your own vehicle list. If you use this list, make any necessary corrections, check the box indicating all information is accurate, and return this list with both pages of your annual report form. Do not forget to indicate whether each vehicle is equipped with a wheelchair lift or ramp. Be sure to sign page 2 of your annual report.

☒ Check this box if all information on this list, including any corrections, is complete and accurate.

Fleet No.	*Model Year	*Make	*VIN (17 digits)	*Plate	*State Registered	*Capacity	*Wheelchair Lift or Ramp Y/N
125	1990	Prevost	2PCL33443T1025181	—	VA	55	N
162	1992	Prevost	2P9L33404N1001475	—	VA	47	N
163	1992	Prevost	2P9L3340XN1001478	—	VA	47	N
171	1994	Prevost	2P9L33409R1001820	E35459	VA	47	N
172	1994	Prevost	2P9L33406R1001824	H510874	VA	46	N
176	1995	Prevost	2P9L33493S1001574	E36616	VA	55	N
177	1995	Prevost	2P9L33499S1001577	—	VA	55	N
178	1996	Prevost	2PCL33490T1025858	—	VA	55	N
179	1996	Prevost	2PCL33495T1025872	E35623	VA	55	N
180	1997	Prevost	2PCL3349XV1026115	E36619	VA	55	N
181	1997	Prevost	2PCL33493V1026117	—	VA	55	N
182	1997	Prevost	2PCL33491V1026150	—	VA	55	N
183	1998	Prevost	2PCL33491W1026473	—	VA	55	N
184	1998	Prevost	2PCL33499W1026477	—	VA	55	N
195	2000	Prevost	2PCX33493Y1027287	E35444	VA	55	N
196	2000	Prevost	2PCX33494Y1027301	E35595	VA	55	N
199	2001	Prevost	2PCX3349511027605	E35621	VA	55	N
200	2001	Prevost	2PCX3349011027611	E35625	VA	55	N
206	2009	MCI	1M8UDMHA39P058810	E36612	VA	55	N
207	2010	MCI	1M86DMHA6AP059244	E36614	VA	55	N